

Date: _____

NOTICE OF HIRE STUDENT EMPLOYMENT

To: Office of Human Resources, University Hall, Room 165
From: Associated Students, California State University, Northridge, Inc., USU Room 100
 18111 Nordhoff Street, Northridge, CA 91330-8260 / (818) 677-2389

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement at the end of this document.

Check One: [X]

| AS | Department | AS | Department | AS | Department |
|----|----------------------------|----|----------------------------|----|-------------------------------|
| | 46571 – Aquatic Center | | 47420 – Outdoor Adventures | | 48100 – AS Student Leadership |
| | 47200 – Children’s Center | | 47600 – Recycling | | 49200 – Accounting Services |
| | 47300 – Sports Club | | 47802 – Productions | | 49700 – Technology Support |
| | 47375 – Athletics Training | | 47900 – Ticket Office | | 49800 – Marketing & PR |

Student Assistant: Account 601130
 Work Study: Account 601140

AS Director: Account 601510
 Graduate Assistant: Account 601540

Employee Name: Last _____, First _____ MI _____

Cell Phone: _____ Home Phone: _____ Gender: Female Male

Student ID#: _____ User Name: _____ CSUN Email: _____

Currently enrolled at CSUN, taking 1 unit or more: Yes No

Hire Date: ___/___/___ Job Title: _____

Rate of Pay: \$____.____ Other: \$____.____ Overtime Rate(s) of Pay: \$____.____

Sup. Initial

Rate by (check box): Hour Shift Day Week Salary Piece Rate Commission

Class: _____ Step: _____ Regular Pay Day: **Alternating Fridays**

Employment agreement is (check box): Oral Written Both

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances): _____

Sexual Harassment Training (check box): Employee Supervisor

WORKER’S COMPENSATION

Insurance Carrier’s Name: **SEDGWICK CMS, INC.**

Address: **PO BOX 14479, LEXINGTON, KY 40512-4479**

Telephone Number: **(916) 851-8058**

Policy Number: **AO-CSURMA-19**

[] Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

ACKNOWLEDGEMENT OF RECEIPT

 (PRINT NAME of Employer Representative)

 (PRINT NAME of Employee)

 (SIGNATURE of Employer Representative)

 (SIGNATURE of Employee)

 (Date provided to employee & signed by representative)

 (Date received by employee & signed by employee)

NOTE: STUDENT CANNOT BEGIN WORK UNTIL THE HIRE PROCESS HAS BEEN COMPLETED.

NOTICE OF HIRE STUDENT EMPLOYMENT (page two)

- Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.
- This notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for the premium wage rates for all overtime work.
- The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html. Check "Labor Code" and search for "2810.5" in quotes.
- The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - requesting or using accrued sick days;
 - attempting to exercise the right to use accrued paid sick days;
 - filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

IMMIGRATION REFORM & CONTROL ACT (IRCA)

Required Employment Documents

****As governed by the Immigration Reform and Control Act (IRCA) of November 6, 1986. Verification of work authorization status is mandated by the Immigration Reform and Control Act before every prospective employee can begin work. The following typical documents are acceptable for the purposes of the federal employment verification procedures. These lists are not intended to be exhaustive.**

List of Acceptable Documents: Bring 1 from column A only, OR 1 from column B and 1 from column C.

EMPLOYEES MUST PRESENT ORIGINAL DOCUMENTS; COPIES OR EXPIRED DOCUMENTS ARE NOT ACCEPTABLE.

| LIST A: (Documents that establish both identity and Employment Eligibility) | LIST B: (Documents that establish identity) | LIST C: (Documents that establish Employment Eligibility) |
|---|---|--|
| <ul style="list-style-type: none"> • U.S. Passport or U.S. Passport Card • Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | <ul style="list-style-type: none"> • Driver's License or ID Card issued by a State or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | <ul style="list-style-type: none"> • Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| <ul style="list-style-type: none"> • Foreign Passport that contains a temporary I-551 stamp or temporary I-551 stamp printed notation on a machine-readable immigrant visa • Employment Authorization Document that contains a photograph (Form I-766) • In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same names as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form | <ul style="list-style-type: none"> • ID Card issued by federal, state, or local government agencies, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address • School ID Card with a photograph • Voter's Registration Card • US Military card or draft record • Military dependent's ID Card | <ul style="list-style-type: none"> • Certification of Report of Birth issued by the Department of State (Form DS-1350) • Original or certified copy of a birth certificate, issued by a State, county, municipal authority or Territory of the United States, bearing an official seal • Native American Tribal document • US Citizen ID Card (Form I-197) • ID Card for the Use of Resident Citizen in the United States. (Form I-179) |
| <ul style="list-style-type: none"> • Passport from the Federated States of Micronesia (FSM) of the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | <ul style="list-style-type: none"> • Native American Tribal document • US Coast Guard Merchant Mariner Card • Driver's License issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ul style="list-style-type: none"> • School record or report card • Clinic, doctor, or hospital record • Day-care or nursery school record | <ul style="list-style-type: none"> • Employment Authorization document issued by the Department of Homeland Security |